

Case Number:	CM15-0111406		
Date Assigned:	06/24/2015	Date of Injury:	11/09/2012
Decision Date:	07/24/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 35 year old male who sustained an industrial injury on 11/09/2012. Current diagnoses include lumbar sprain/strain, lumbar radiculopathy, and lumbar stenosis. Previous treatments included medication management, back surgery on 10/28/2014, physical therapy, epidural steroid injections, TENS unit, LSO brace, and acupuncture. Previous diagnostic studies include urine drug screening dated 03/18/2015 noted consistent results for Cyclobenzaprine, Hydrocodone/Vicodine/Norco, and inconsistent negative results for lorazepam. Report dated 05/26/2015 noted that the injured worker presented with complaints that included lower back pain with radiation to the bilateral legs, up to the thighs. Pain level was 8 (without medications), 4 (with medications), and 6 (currently) out of 10 on a visual analog scale (VAS). Current medications include Norco and Zorvolex. It was noted that the injured worker currently gets 40% pain relief with medications. Physical examination revealed 5/5 strength in the bilateral lower extremity, positive straight leg raise on the left, moderate palpable spasms in the bilateral lumbar paraspinous musculature with positive twitch response, severe pain with lumbar extension, moderate pain with lumbar flexion, and slowed waddling gait and use of a cane. The treatment plan included request for QME report from 04/29/2015, request for additional physical therapy, continue Zorvolex for pain and inflammation, minimal pain relief with acupuncture, continue Norco for break through pain relief, signed narcotic agreement on file, performed a urine drug screen to ensure compliance, discontinue Tramadol and gabapentin due to intolerable side effects, pending authorization for cognitive behavioral therapy, and return in one month. It was noted that the injured worker has tried and failed conservative therapies including physical

therapy, NSAIDs, Tramadol, Toradol, and epidural steroid injections. The physician noted that the injured worker has suboptimal pain relief. Documentation submitted indicates that the injured worker was first prescribed Zorvolex on 03/02/2015. Disputed treatments include Zorvolex.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Zorvolex: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), and Diclofenac (Zorvolex) Page(s): 22, 67-68, and 71.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for use of NSAIDs. They are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Also per the MTUS, NSAID's are recommended for acute exacerbations of chronic low back pain, as a second-line treatment after acetaminophen and for chronic back pain as an option for short-term symptomatic relief. Documentation submitted supports that the injured worker's complaints are chronic. It was noted that the injured worker has failed prior NSAID's, but these were not included for review. Furthermore the use of NSAIDS should be short-term, documentation supports that the injured worker has been taking Zorvolex since 03/02/2015. The request for Zorvolex is not medically necessary.